

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0008 6348 2795

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

1:02cv100
doc. 20

Sent To	
Derrick Reaver # 349-081	
Street, Apt. No., or PO Box No.	
PO Box 5500	
City, State, ZIP+4	
Chillicothe, OH 45601	

PS Form 3800, January 2001

See Reverse for Instructions